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**Appendix "A"**  
**Disclosure Statement for Gifts or Benefits**

Member's Name: \_\_\_\_\_

Gift Received: \_\_\_\_\_

Received From: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_ Value or Estimate of Gift: \_\_\_\_\_

Please describe the circumstances under which the Gift was received:

\_\_\_\_\_  
\_\_\_\_\_

Please describe your intentions with respect to the Gift:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you anticipate transferring the Gift described above to the Municipality or the local board?

Yes, immediately \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

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